

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 714	Date: May 12, 2017
	Change Request 9835

SUBJECT: Comprehensive Error Rate Testing (CERT) File Layout for Social Security Number Removal Initiative (SSNRI)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform the Shared System Maintainers (SSMs) of new data elements added to the CERT file layout and to update the Exhibits section of Pub. 100-08

EFFECTIVE DATE: October 1, 2017

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 2, 2018 - For VMS and MCS for Business Requirements 11 through 22 and 22.1; October 2, 2017 - For FISS

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	PIM Exhibit 36- Overview of the CERT Process

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current

scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: The Medicare Access and CHIP Reauthorization Act of 2015 requires the Centers for Medicare & Medicaid Services to remove Social Security Numbers (SSNs) from all Medicare cards to better protect private health care and financial information and federal health care benefit and service payments.

B. Policy: Medicare Access and CHIP Reauthorization Act of 2015

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
9835.1	The Fiscal Intermediary Shared System (FISS) shall update the Record Version Code to "C" for the CERT Claims Universe File.					X				
9835.2	FISS shall delete Condition Codes 24-30 from the file format for the Claim Header					X				

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	in the CERT Claims Universe File (this is necessary to have space for new data elements without requiring a file expansion).									
9835.3	FISS shall populate the new data element " Beneficiary MBI " in the Claim Header in the CERT Claims Universe File.					X				
9835.4	FISS shall populate the new data element " HICN/MBI indicator " in the Claim Header in the CERT Claims Universe File.					X				
9835.5	FISS shall update the Record Version Code to "F" for the CERT Claims Resolution File.					X				
9835.6	FISS shall delete Value Code 36 and Value Code Amount 36 from the file format for the Claim Header in the CERT Claims Resolution File (this is necessary to have space for new data					X				

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	elements without requiring a file expansion).									
9835.7	FISS shall populate the new data element " Beneficiary MBI " in the Claim Header in the CERT Claims Resolution File.					X				
9835.8	FISS shall populate the new data element " HICN/MBI Indicator " in the Claim Header in the CERT Claims Resolution File.					X				
9835.9	FISS shall ensure that the CERT Claims Provider Address file format will not change.					X				
9835.10	FISS shall ensure that the Record Version Code for the CERT Claims Provider Address file will remain "E".					X				
9835.11	The Multi-Carrier System (MCS) and the VIPS Medicare Shared System (VMS) shall update the Record Version Code to "C"						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	for the CERT Claims Universe File.									
9835.1 2	MCS and VMS shall delete Billing Provider Number from the file format for the Claim Header portion of the Claims Universe Claim Detail Record (this is necessary to have space for new data elements without requiring a file expansion).						X	X		
9835.1 3	MCS and VMS shall populate the new data element " Beneficiary MBI " in the Claim Header portion of the Claims Universe Claim Detail Record.						X	X		
9835.1 4	MCS and VMS shall populate the new data element " HICN/MBI indicator " in the Claim Header portion of the Claims Universe Claim Detail Record.						X	X		
9835.1 5	MCS and VMS shall add a new 3 character filler field in the Claim Header portion of the Claims Universe						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	Claim Detail Record.									
9835.1 6	MCS and VMS shall update the Record Version Code to "E" for the CERT Claims Resolution File.						X	X		
9835.1 7	MCS and VMS shall populate the new data element " Beneficiary MBI " in the Claim Header portion of the Sampled Claims Resolution Detail Record.						X	X		
9835.1 8	MCS and VMS shall populate the new data element " HICN/MBI Indicator " in the Claim Header portion of the Sampled Claims Resolution Detail Record.						X	X		
9835.1 9	MCS and VMS shall reduce the Filler field in the Claim Header portion of the Sampled Claims Resolution Detail Record to 32 characters File (this is necessary to have space for new data elements without requiring a file						X	X		

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MCS S	VMS S	CWF F	
	expansion).									
9835.2 0	MCS and VMS shall ensure that the CERT Claims Provider Address file format will not change.						X	X		
9835.2 1	MCS and VMS shall ensure that the Record Version Code for the CERT Claims Provider Address file will remain "C".						X	X		
9835.2 2	FISS, MCS, and VMS shall provide the CERT Review Contractor with copybook for the Universe and Resolution Files before or at the same time as changes specified in this CR are transmitted to the Single Testing Contractor.					X	X	X		
9835.2 2.1	FISS, MCS, and VMS shall submit copybooks to Debby Blessing BlessingD@admedcorp.com with a copy to Lisa Yaider (CMS/OFM) Lisa.Yaider@cms.hhs.					X	X	X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FIS	MC S	VM S	CW F	
	gov.									
9835.23	The MACs shall test the changes required by this CR.	X	X	X	X					CERT, VDC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Lisa Yaider, 410-786-0008 or lisa.yaider@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0